

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936385

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		2		
4		3		8		
5		8		1		
6		1				
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48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			5			
TOTAL CLAIMS			6			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS